

Inspection/Duplication of Records Request Cumberland County Mayor's Office

Requestor Instructions: To make a request for copies of public records fill in sections 1-5, and sign and date section 9 at the time the request is made. Requestors who are retrieving the requested records from the office of records custodian in person should not sign and date section 11 until the records are received. Requestors who are having the records emailed or mailed to him/her are not required to sign and date section 11 of the form.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-6, 8, and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the requestor inspects the records. For requests for copies or duplicates, the records custodian is to fill in sections 6-8 and sign and date section 10 at the time the request is made. Section 12 should not be signed and dated until the records are retrieved by or delivered to the requestor. **Note:** Tenn. Code Ann. § 10-7-503(a)(7)(A) provides that unless another provision in law specifically requires a written request, a request to inspect public records may not be required to be in writing nor can a fee be assessed for inspection of records.

1.	Name of requestor:							
	(Print or Type; Initials of requestor are required for copy requests)							
2.	☐ Pho	Form of identification provided: □ Photo ID issued by Tennessee governmental entity including requestor's address □ Other:						
3.	Requestor's address and contact information:							
4.	Reques waived	est for: \Box inspection/access \Box copy/duplicate [previously inspected on (date) or \Box inspectioned]						
5.	Record(s) requested:							
		Type of record: \Box N		☐ Annual Report☐ Employee File	□ Annual Financial□ Other	Statements		
	b.	Detailed Description of	the record(s) including relevant d	ate(s) and subject matte	r:		
6.	Reques	t submitted to:	ma of Cour	own as a stal Fatity. Office				
	a.	Employee receiving requ		ernmental Entity, Offic	e or Agency)			
		. ,		(Print or Type and Ir	nitial)			
	b.	Date and time request re	eceived:	ceived:				
	C.	Response: \square Same day	□ Oth	er				
7.	Costs (if assessed):						
	a	Number of pages to be	conied:	□ Estim	ated			



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	b.	Cost					
		1. Per page letter or legal sized \square \$ (justificatio \square \$ (justification required if more than \$0.50	·				
		2. Per page other sized or other medium	: \square \$ (justification required)				
	c.	Estimate of labor costs to produce the copy (for time exceed	ding 1 hour):				
		☐ Labor at \$/hour forhour(s)					
		☐ Labor at \$/hour forhour(s)					
		☐ Labor at \$/hour forhour(s)					
	d.	Programming cost to extract information requested:					
	e.	Method of delivery and cost: Est	imated				
		☐ On-site pickup ☐ U.S. Postal Service ☐ Other:					
	f.						
	g.	Estimate provided to requestor: ☐ In person ☐ By U.S.P.S.	☐ By phone ☐ Other:				
8.	B. Payment:						
	a.						
	b.	Amount of payment:					
	C.	Date of payment:					
	d.	Actual cost (and adjustment if prepaid):					
9.							
	Signatu	ure of Requestor	Date Records Requested				
10.							
	Signatu	ure of Records Custodian	Date of Receipt of Request				
Del	ivery/Re	etrieval of Records					
11.	•						
		ure of Requestor	Date Records Retrieved				
12.							
	Signatu	ure of Records Custodian	Date Records Retrieved/Delivered Or				

Date Records Inspected by the Requestor